

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213548710</b>		
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME:  <b>Council of Independent Colleges in VirginiaBenefits Consortium, Inc.</b> </div> <div> DUE DATE: <b>12/31/2013</b>   SCC ID NO: <b>07170160</b> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ROBERT B LAMBETH JR 118 EAST MAIN STREET BEDFORD, VA</b> </div> <div> 5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>BEDFORD COUNTY</b>				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>				
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 118 EAST MAIN ST  CITY/ST/ZIP: BEDFORD, VA 24523 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      TIM KLOPFENSTEIN  TITLE:                      EXEC DIRECTOR  ADDRESS:                  CICV BENEFITS CONSORTIUM  CITY/ST/ZIP/CO:        118 EAST MAIN ST                                       BEDFORD, VA 24523 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER                      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      TIM KLOPFENSTEIN TITLE:                      EXEC DIRECTOR ADDRESS:                  CICV BENEFITS CONSORTIUM CITY/ST/ZIP/CO:        118 EAST MAIN ST BEDFORD, VA 24523	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME:                      TIM KLOPFENSTEIN TITLE:                      EXEC DIRECTOR ADDRESS:                  CICV BENEFITS CONSORTIUM CITY/ST/ZIP/CO:        118 EAST MAIN ST BEDFORD, VA 24523	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      STEPHEN BRIGHT  TITLE:                      DIRECTOR  ADDRESS:                  LYNCHBURG COLLEGE  CITY/ST/ZIP/CO:        1501 LAKESIDE DRIVE                                       LYNCHBURG, VA 24501 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER                      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      STEPHEN BRIGHT TITLE:                      DIRECTOR ADDRESS:                  LYNCHBURG COLLEGE CITY/ST/ZIP/CO:        1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:                      STEPHEN BRIGHT TITLE:                      DIRECTOR ADDRESS:                  LYNCHBURG COLLEGE CITY/ST/ZIP/CO:        1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      GLENN CULLEY  TITLE:                      DIRECTOR  ADDRESS:                  HAMPDEN-SYDNEY COLLEGE  CITY/ST/ZIP/CO:        1 COLLEGE ROAD                                       HAMPDEN-SYDNEY, VA 23943 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER                      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      GLENN CULLEY TITLE:                      DIRECTOR ADDRESS:                  HAMPDEN-SYDNEY COLLEGE CITY/ST/ZIP/CO:        1 COLLEGE ROAD HAMPDEN-SYDNEY, VA 23943	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:                      GLENN CULLEY TITLE:                      DIRECTOR ADDRESS:                  HAMPDEN-SYDNEY COLLEGE CITY/ST/ZIP/CO:        1 COLLEGE ROAD HAMPDEN-SYDNEY, VA 23943	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      PAUL DAVIES  TITLE:                      DIRECTOR  ADDRESS:                  RANDOLPH-MACON COLLEGE  CITY/ST/ZIP/CO:        204 HENRY STREET                                       ASHLAND, VA 23005 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER                      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      PAUL DAVIES TITLE:                      DIRECTOR ADDRESS:                  RANDOLPH-MACON COLLEGE CITY/ST/ZIP/CO:        204 HENRY STREET ASHLAND, VA 23005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:                      PAUL DAVIES TITLE:                      DIRECTOR ADDRESS:                  RANDOLPH-MACON COLLEGE CITY/ST/ZIP/CO:        204 HENRY STREET ASHLAND, VA 23005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME:                      CATHY DICKERSON  TITLE:                      DIRECTOR  ADDRESS:                  ROANOKE COLLEGE  CITY/ST/ZIP/CO:        221 COLLEGE LANE                                       SALEM, VA 24153 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER                      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME:                      CATHY DICKERSON TITLE:                      DIRECTOR ADDRESS:                  ROANOKE COLLEGE CITY/ST/ZIP/CO:        221 COLLEGE LANE SALEM, VA 24153	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:                      CATHY DICKERSON TITLE:                      DIRECTOR ADDRESS:                  ROANOKE COLLEGE CITY/ST/ZIP/CO:        221 COLLEGE LANE SALEM, VA 24153	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	KERRY EDMOUNDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HOLLINS UNIVERSITY PO BOX 9658 ROANOKE, VA 24020		
CITY/ST/ZIP/CO:			
NAME:	HOLLACE ENOCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA UNION UNIVERSITY 1500 NORTH LOMBARFY STREET RICHMOND, VA 23220		
CITY/ST/ZIP/CO:			
NAME:	ANNE KEELER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812		
CITY/ST/ZIP/CO:			
NAME:	ROBERT LAMBETH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CICV 118 EAST MAIN STREET BEDFORD, VA 24523		
CITY/ST/ZIP/CO:			
NAME:	LINDA MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA INTERMONT COLLEGE 1013 MOORE STREET BRISTOL, VA 24201		
CITY/ST/ZIP/CO:			
NAME:	DAVID MOWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MARY BALDWIN COLLEGE NEW AND FREDERICK STREETS STAUNTON, VA 24402		
CITY/ST/ZIP/CO:			
NAME:	GAIL PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SWEET BRIAR COLLEGE 134 CHAPEL ROAD SWEET BRIAR, VA 24595		
CITY/ST/ZIP/CO:			
NAME:	Mary Alice Whisenant	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FERRUM COLLEGE 215 FERRUM MOUNTAIN ROAD FERRUM, VA 24088		
CITY/ST/ZIP/CO:			
NAME:	DIRK WILMOTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	EMORY & HENRY COLLEGE 30461 GARNAND DRIVE EMORY, VA 24327		
CITY/ST/ZIP/CO:			
NAME:	Laura White	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Bluefield College 3000 College Drive Bluefield, VA 24605		
CITY/ST/ZIP/CO:			

NAME:	William Greer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Virginia Wesleyan College		
	1584 Wesleyan Drive		
CITY/ST/ZIP/CO:	Norfolk, VA 23502		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIM KLOPFENSTEIN	TIM KLOPFENSTEIN, EXEC	10/21/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			